

Governor's Award for Excellence in Education

Nomination Form

Please read the **Nomination Guidelines** prior to completing this form. Please attach a written summary of the nominated institution's significant accomplishments in student veteran programs.

Nominee_____ Telephone_____

School Address_____

Nominator's Name_____

Address_____

Telephone _____

Signature of Nominator (required)_____ Date_____

I have read the nomination guidelines and attest that the above information is accurate and true. If the institution I am nominating is selected for the "Governor's Award for Excellence in Education" I agree to attend a public appearance with the Illinois Department of Veterans' Affairs.

Signature of Nominee (required) Date

SEND COMPLETED FORM TO:

Illinois Dept. of Veterans' Affairs
Attn: Governor's Award for Excellence in Education
100 West Randolph, Ste. 5-570
Chicago, IL 60601-3219
Fax (312) 814-2864